



Optima Health Integrated Care Model

We Improve Health Every Day
November 9, 2010

Overview for Today

- Introductions
- Review of Optima's Clinical Care Services
 & Patient Centered Model
 - The Role of Outreach & Early Identification
 - Optima's Clinical Care Services Model -- The Integration of Medical & Behavioral Services
- Measures of Success
- Health Care Reform Initiatives



Total Health: How Long, How Well We Live



Behavior: Tobacco use, Nutrition, Weight, MDD (Movement Deficit Disorder)

~ 30%

Genetics

~20%

Environment/public health

~10%

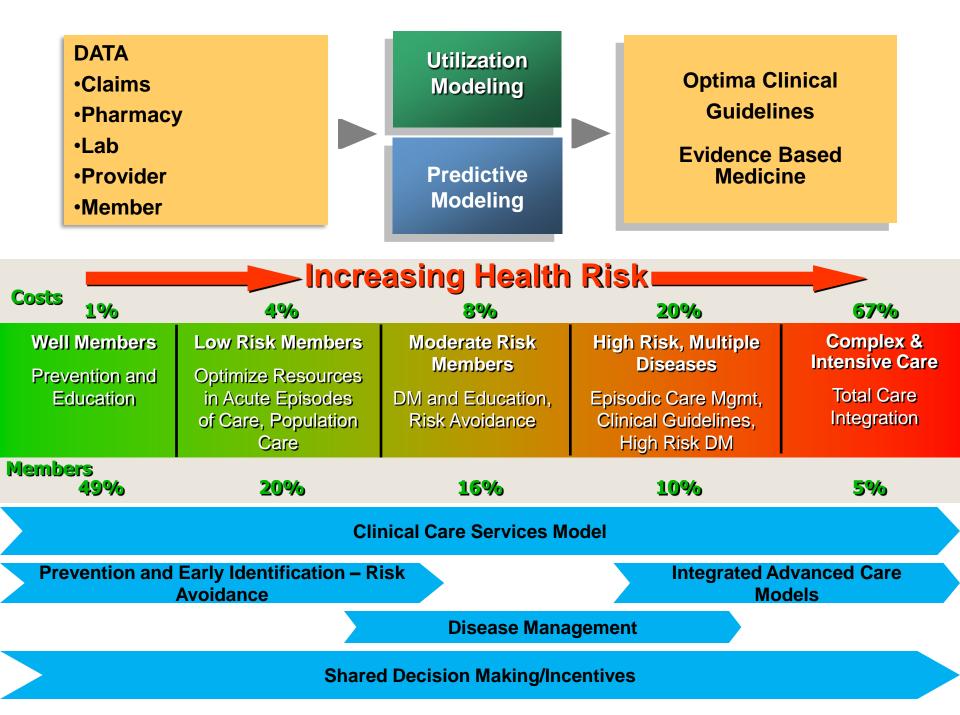
Healthcare Delivery

Optima Health &



Clinical Care Services Process







Interdisciplinary Team

 Consists of medical care management, behavioral health management, disease management, pharmacy management, quality improvement, community health, and clinical & business intelligence

Goals

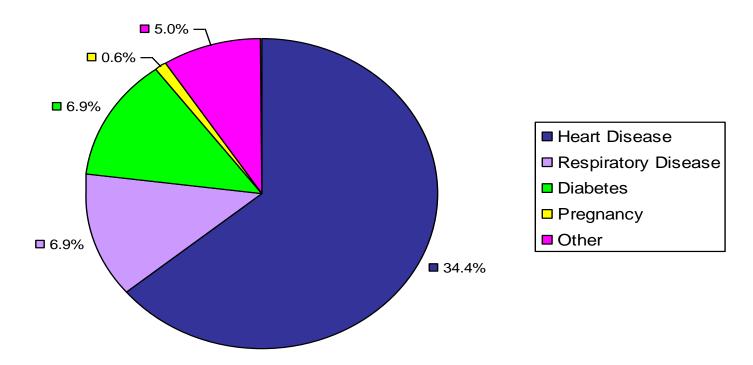
- Reduce fragmentation & duplication within the health care system
- Make a difference, one person at a time



Alternative Delivery Model

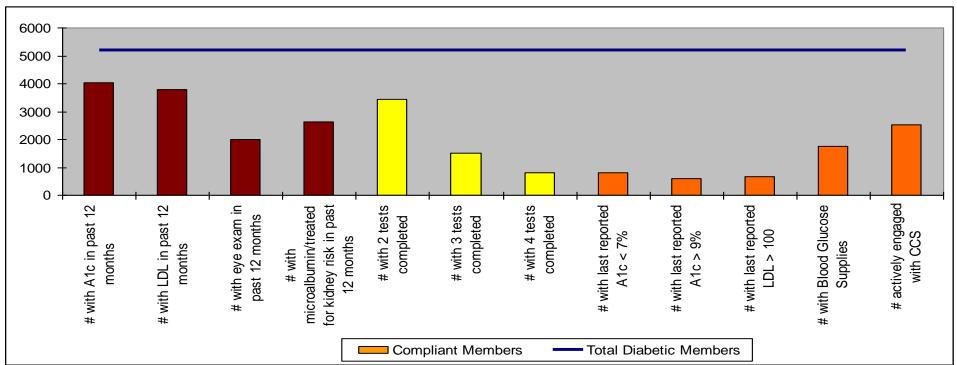
- Patient service coordinators (PSCs) manage chronic care members with multiple disease conditions & provide coordination of services
 - Strong customer service background trained as coach
 - Patient Centric efficient productivity model & measurements
 - Assess "readiness for change" in members to target disease management activities
 - Integrate prevention & screening of the community, teaching members how to improve personal healthcare

Health Risk Factors/Presence of Chronic Illness Identified



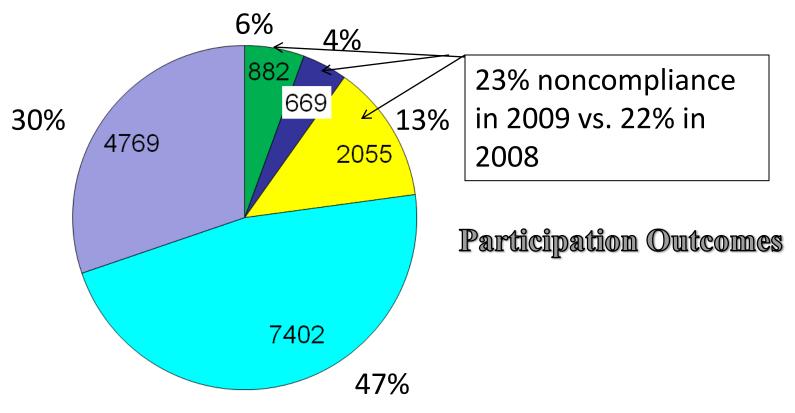
Category	Risk Factor	Number of Members	% of Members
Heart Disease	Acute Cardiac Event	271	0.4%
Heart Disease	Hyperlipidemia/HLD	12190	16.1%
Heart Disease	Hypertension/HTN	13573	17.9%
Respiratory Disease	Asthma	4305	5.7%
Respiratory Disease	COPD	944	1.2%
Diabetes	Diabetes	5195	6.9%
Pregnancy	Pregnancy	448	0.6%
Other	Drug Use Recorded	52	0.1%
Other	Tobacco Use Recorded	368	0.5%
Other	BMI > 25 and < 30 Recorded	1272	1.7%
Other	BMI > 30 Recorded	1910	2.5%
Other	Depression Screening Positive	143	0.2%

Sample from Clinical EGR - Diabetes



	Number of	
Compliant Measures	Members	% Diabetics
# with A1c in past 12 months	4039	77.7%
# with LDL in past 12 months	3794	73.0%
# with eye exam in past 12 months	1998	38.5%
# with microalbumin/treated for kidney		
risk in past 12 months	2623	50.5%
# with 2 tests completed	3453	66.5%
# with 3 tests completed	1496	28.8%
# with 4 tests completed	806	15.5%
# with last reported A1c < 7%	820	15.8%
# with last reported A1c > 9%	589	11.3%
# with last reported LDL > 100	654	12.6%
# with Blood Glucose Supplies	1751	33.7%
# actively engaged with CCS	2526	48.6%
# Members with ER Visit in past 12		
months	21	0.4%
# Members with IP Admissions in past		
12 months	61	1.2%

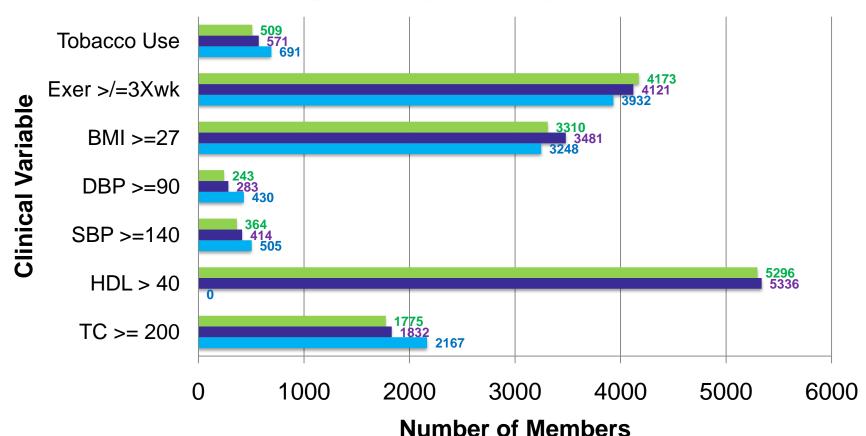
2010 PHP Screening Results Employees Covered by Medical Plan



- Did Not Take PHP 6%
- ■Took PHP 2+ Risks/Never Agreed to Work with Coach 4%
- □Took PHP 2+ Risks/Agreed but Did Not Work with Coach 13%
- ■Took PHP Healthy (0-1 Risk) 47%
- Took PHP 2+ Risks/Working with Coach 30%

Mission Health Modifiable Risk Factor Report Three year period

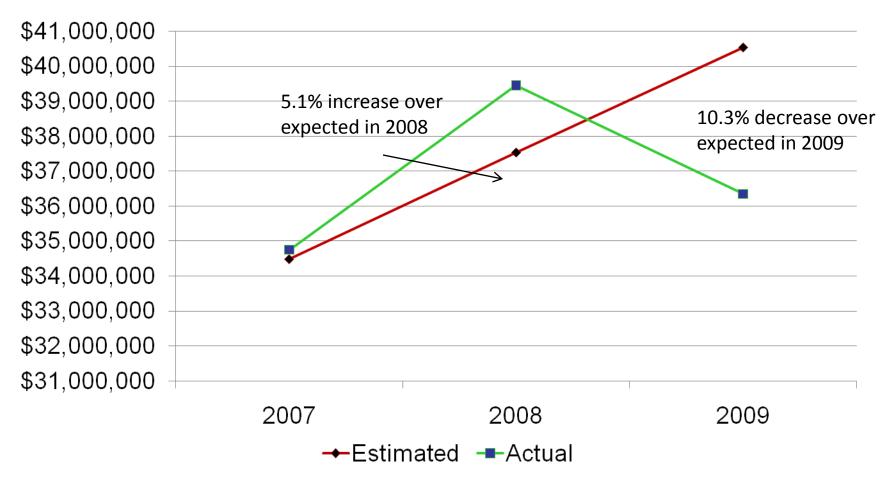
Clinical Outcomes



6,330 employees answering all questions in each year

2010 2009 2008

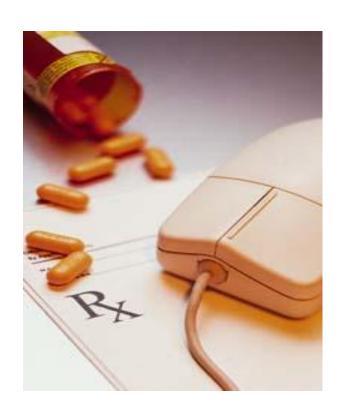
Estimated vs. Actual Mission Health Costs



Estimated costs for 2008 based on actual 2007 plus 8% trend Estimated costs for 2009 based on estimated 2008 plus 8% trend Costs include all program operations and incentives paid

Sentara / Optima Initiatives

To Transform Health Care



- Accountable Care Organizations
- Patient-centered Medical Homes
- Chronic Care
- End of Life
- Knowledge Management

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